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CLERK U.S. DISTRICT COURT  
CENTRAL DISTRICT OF CALIF.  
LOS ANGELES

UNITED STATES DISTRICT COURT  
FOR THE CENTRAL DISTRICT OF CALIFORNIA

June 2015 Grand Jury

UNITED STATES OF AMERICA,

Plaintiff,

v.

TOROS ONIK YERANOSIAN,  
aka "Toros Yeranossyan,"  
OXANA LOITSEIKO,  
aka "Oxana Loutseyko,"  
AHARON ARON KRKASHARYAN,  
aka "Agaron Krkasharyan," and  
MARIA ESPINOZA,  
aka "Maria Pirl,"  
aka "Maria Gonzalez,"  
aka "Maria Guadalupe Espinoza,"  
aka "Maria Guadalupe Pirl,"

Defendants.

No. CR 15-0330 (A) -GW

F I R S T  
S U P E R S E D I N G  
I N D I C T M E N T

[18 U.S.C. § 1349: Conspiracy  
to Commit Health Care Fraud;  
18 U.S.C. § 1347: Health Care  
Fraud; 18 U.S.C. § 2(b):  
Causing an Act to be Done;  
18 U.S.C. § 371: Conspiracy  
to Pay and Receive Health  
Care Kickbacks; 18 U.S.C.  
§§ 981(a)(1)(C), 982(a)(7);  
28 U.S.C. § 2461(c): Criminal  
Forfeiture]

The Grand Jury charges:

COUNT ONE

[18 U.S.C. § 1349]

A. INTRODUCTORY ALLEGATIONS

At all times relevant to this First Superseding Indictment:

1        The Conspirators

2        1. Defendant TOROS ONIK YERANOSIAN, also known as ("aka")  
3 "Toros Yeranosyan" ("YERANOSIAN"), was the co-owner and co-  
4 operator of Mauran Ambulance Service, Inc. ("Mauran"), an  
5 ambulance transportation company located in San Fernando,  
6 California.

7        2. Defendant OXANA LOUTSEIKO, aka "Oxana Loutseyko"  
8 ("LOUTSEIKO"), was a general manager of Mauran.

9        3. Defendant AHARON ARON KRKASHARYAN, aka "Agaron  
10 Krkasharyan" ("KRKASHARYAN"), was a manager of Mauran.

11       4. Defendant MARIA ESPINOZA, aka "Maria Piril," aka  
12 "Maria Gonzalez," aka "Maria Guadalupe Espinoza," aka "Maria  
13 Guadalupe Piril" ("ESPINOZA"), was an employee of a dialysis  
14 treatment facility located in the County of Los Angeles,  
15 California.

16       5. Co-conspirator 1 ("CC-1") was the co-owner and co-  
17 operator of Mauran.

18       6. Co-conspirator 2 ("CC-2") was a manager and biller of  
19 Mauran.

20       7. Co-conspirator Christian Hernandez, aka "Cristian  
21 Hernandez" ("Hernandez"), was a Dispatch Supervisor for Mauran.

22       The Medicare Program

23       8. The Medicare Program ("Medicare") was a federal health  
24 care benefit program, affecting commerce, which provided  
25 benefits to individuals who were over the age of 65 or disabled.  
26 Medicare was administered by the Centers for Medicare and  
27 Medicaid Services ("CMS"), a federal agency under the United  
28 States Department of Health and Human Services. Medicare was a

1 "health care benefit program" as defined by Title 18, United  
2 States Code, Section 24(b).

3 9. Medicare was subdivided into multiple parts. Medicare  
4 Part B covered, among other things, ambulance services.

5 10. Individuals who qualified for Medicare benefits were  
6 commonly referred to as "Medicare beneficiaries." Each Medicare  
7 beneficiary was given a Medicare identification number.

8 11. Medicare covered ambulance services only if furnished  
9 to a beneficiary whose medical condition at the time of  
10 transport was such that ambulance transportation was medically  
11 necessary. A patient whose condition permitted transport in any  
12 type of vehicle other than an ambulance did not qualify for  
13 Medicare payment for ambulance services. Medicare payment for  
14 ambulance transportation depended on the patient's condition at  
15 the actual time of the transport regardless of the patient's  
16 diagnosis. To be deemed medically necessary for payment, the  
17 patient must have required both the transportation and the level  
18 of service provided.

19 12. Ambulance transportation was only covered by Medicare  
20 when the patient's condition required the vehicle itself or the  
21 specialized services of the trained ambulance personnel. A  
22 requirement of coverage was that the needed services of the  
23 ambulance personnel were provided and clear clinical  
24 documentation validated their medical need and their provision  
25 in the record of the service, which was usually documentation in  
26 the form of a "run-sheet." During an ambulance transport,  
27 Emergency Medical Technicians ("EMTs") are required to complete  
28 a "Patient Care Report" ("PCR"), often called a "run-sheet" or

1 "run-ticket," in order to document the patient's medical  
2 condition at the time of the transportation, and any relevant  
3 details about the transportation itself.

4 13. In the absence of an emergency condition, ambulance  
5 services were covered by Medicare only under the following  
6 circumstances: (a) the patient being transported could not be  
7 transported by any other means without endangering the  
8 individual's health; or (b) the patient was before, during, and  
9 after transportation, bed confined. For purposes of Medicare  
10 coverage, "bed confined" meant the patient met all of the  
11 following three criteria: (a) unable to get up from bed without  
12 assistance; (b) unable to ambulate; and (c) unable to sit in a  
13 chair (including a wheelchair).

14 14. A thorough assessment and documented description of  
15 the patient's current medical state was essential for coverage.  
16 All statements about the patient's medical condition or bed  
17 confined status must have been validated in the documentation  
18 using contemporaneous, objective observations and findings.

19 15. For ambulance services to have been covered by  
20 Medicare, the transport must have been to the nearest  
21 institution with appropriate facilities for the treatment of the  
22 illness or injury involved. The term "appropriate facilities"  
23 meant that the institution was generally equipped to provide  
24 care necessary to manage the illness or injury involved.  
25 Covered destinations for non-emergency transports included:  
26 (a) hospitals; (b) skilled nursing facilities; (c) dialysis  
27 facilities; (d) from a skilled nursing facility to the nearest  
28 supplier of medically-necessary services not available at the

1 skilled nursing facility where the beneficiary was a resident,  
2 including the return trip, when the patient's condition at the  
3 time of transport required ambulance services; and (e) the  
4 patient's residence, but only if the transport was to return  
5 from an appropriate facility and the patient's condition at the  
6 time of transport required ambulance services.

7 16. CMS contracted with Medicare Administrative  
8 Contractors ("MACs") to process claims for payment. From  
9 October 2007 to August 2013, the MAC that processed and paid  
10 Medicare Part B claims in Southern California was Palmetto GBA.  
11 Noridian Administrative Services ("Noridian") was the MAC in  
12 Southern California from approximately September 2013 to the  
13 present.

14 17. Most providers submitted their claims electronically  
15 pursuant to an agreement they executed with Medicare in which  
16 the providers agreed that: (a) they were responsible for all  
17 claims submitted to Medicare by themselves, their employees, and  
18 their agents; (b) they would submit claims only on behalf of  
19 those Medicare beneficiaries who had given their written  
20 authorization to do so; and (c) they would submit claims that  
21 were accurate, complete, and truthful.

22 18. A Medicare claim for payment was required to set  
23 forth, among other things, the following: (a) the beneficiary's  
24 name and unique Medicare identification number; (b) the item or  
25 type of services provided to the beneficiary; (c) the cost of  
26 the item or service being provided; and (d) the name and the  
27 National Provider Identifier ("NPI") of the provider who  
28 provided the item or service.

1 B. THE OBJECT OF THE CONSPIRACY

2 19. Beginning in or around February 2009, and continuing  
3 through in or around September 2013, in Los Angeles County,  
4 within the Central District of California, and elsewhere,  
5 defendants YERANOSIAN, LOUTSEIKO, and KRKASHARYAN, together with  
6 CC-1, CC-2, co-conspirator Hernandez, and others known and  
7 unknown to the Grand Jury, knowingly combined, conspired, and  
8 agreed to commit health care fraud, in violation of Title 18,  
9 United States Code, Section 1347.

10 C. THE MANNER AND MEANS OF THE CONSPIRACY

11 20. The object of the conspiracy was carried out, and to  
12 be carried out, in substance as follows:

13 a. On or about February 18, 2009, YERANOSIAN and CC-  
14 1 purchased Mauran.

15 b. On or about April 19, 2009, CC-1 opened a  
16 corporate bank account for Mauran at Bank of America, account  
17 number xxxxx-72132 ("BA Account"). CC-1 was a signatory on this  
18 BA Account.

19 c. On or about May 7, 2009, CC-1 executed and  
20 submitted an electronic funds transfer agreement ("EFT") to  
21 Medicare, requesting that all future reimbursements from  
22 Medicare be directly deposited into Mauran's BA Account. On  
23 this EFT, defendant LOUTSEIKO is listed as a contact person for  
24 Mauran.

25 d. On or about July 22, 2010, CC-1 filed a Statement  
26 of Information with the State of California that listed CC-1 as  
27 the Chief Executive Officer, Secretary, Chief Financial Officer,  
28 and Director of Mauran.

1 e. On or about March 22, 2011, CC-1 executed and  
2 submitted an amended enrollment application to Medicare on  
3 behalf of Mauran. On this application, CC-1 is listed as  
4 President of Mauran, and defendant LOUTSEIKO is designated as a  
5 Delegated Official of Mauran.

6 f. On or about May 21, 2012, CC-1 filed a Statement  
7 of Information with the State of California that listed CC-1 as  
8 the Chief Executive Officer, Secretary, Chief Financial Officer,  
9 and Director of Mauran.

10 g. On or about April 18, 2014, CC-1 opened a  
11 corporate bank account for Mauran at Citibank, account number  
12 xxxxx-14140 (the "Citibank Account"). CC-1 was the sole  
13 signatory on this Citibank Account.

14 h. On or about April 23, 2014, CC-1 executed and  
15 submitted an EFT to Medicare requesting that future Medicare  
16 reimbursement payments be directly deposited into Mauran's  
17 Citibank Account.

18 i. On or about September 22, 2014, CC-1 executed and  
19 submitted an EFT to Medicare requesting that future Medicare  
20 reimbursement payments be directly deposited into Mauran's BA  
21 Account.

22 j. Defendants YERANOSIAN, LOUTSEIKO, and  
23 KRKASHARYAN, together with CC-1, CC-2, co-conspirator Hernandez,  
24 and others known and unknown to the Grand Jury, knowingly  
25 provided and caused to be provided ambulance transportation  
26 services, through Mauran, to Medicare beneficiaries, knowing  
27 that the beneficiaries' medical conditions did not make the  
28 ambulance transportation services necessary.

1 k. Defendants YERANOSIAN, LOUTSEIKO, and  
2 KRKASHARYAN, together with CC-2, co-conspirator Hernandez, and  
3 others known and unknown to the Grand Jury, instructed Mauran  
4 employees to create and document on run-sheets a purported  
5 justification for ambulance transportation services even when  
6 such a justification did not exist.

7 l. Defendants YERANOSIAN, LOUTSEIKO, and  
8 KRKASHARYAN, together with CC-2, co-conspirator Hernandez, and  
9 others known and unknown to the Grand Jury, instructed Mauran  
10 employees not to write certain words, such as "walk" and  
11 "wheelchair," on run-sheets because the defendants and their co-  
12 conspirators knew Medicare would not pay for the ambulance  
13 transportation services when these words were present on run-  
14 sheets.

15 m. Defendants YERANOSIAN, LOUTSEIKO, and  
16 KRKASHARYAN, together with CC-2, co-conspirator Hernandez, and  
17 others known and unknown to the Grand Jury, knowingly and  
18 willfully submitted, and caused the submission of, false and  
19 fraudulent claims to Medicare on behalf of Mauran for the  
20 medically unnecessary ambulance transportation services.

21 n. As a result of the submission to Medicare of  
22 false and fraudulent claims that defendants YERANOSIAN,  
23 LOUTSEIKO, and KRKASHARYAN, together with CC-2, co-conspirator  
24 Hernandez, and others known and unknown to the Grand Jury,  
25 submitted and caused to be submitted, Medicare made payments to  
26 Mauran's corporate bank accounts, namely, the BA Account and the  
27 Citibank Account.



1           o. Defendant YERANOSIAN and CC-1 transferred and  
2 disbursed, and caused the transfer and disbursement of, monies  
3 from Mauran's BA Account and the Citibank Account to themselves  
4 and others.

5           p. Defendants YERANOSIAN, LOUTSEIKO, and  
6 KRKASHARYAN, together with CC-2, co-conspirator Hernandez, and  
7 others known and unknown to the Grand Jury, concealed, and  
8 attempted to conceal, their submission of false and fraudulent  
9 claims to Medicare by altering and causing the alteration of  
10 run-sheets and other documentation related to the ambulance  
11 transportation services provided by Mauran.

12           q. For dates of service between on or about February  
13 18, 2009, and on or about September 5, 2013, Mauran submitted to  
14 Medicare claims totaling approximately \$28,011,085 for ambulance  
15 transportation and related services, and Medicare paid Mauran  
16 approximately \$13,433,045 on those claims.

## COUNTS TWO THROUGH FIVE

[18 U.S.C. §§ 1347, 2(b)]

21. The Grand Jury incorporates by reference and re-alleges paragraphs 1 through 18 and 20 above of this First Superseding Indictment as though set forth in their entirety herein.

A. THE SCHEME TO DEFRAUD

22. Beginning in or around February 2009, and continuing through in or around September 2013, in Los Angeles County, within the Central District of California, and elsewhere, defendants YERANOSIAN, LOUTSEIKO, and KRKASHARYAN, together with CC-1, CC-2, and others known and unknown to the Grand Jury, knowingly, willfully, and with intent to defraud, executed, and attempted to execute, a scheme and artifice: (a) to defraud a health care benefit program, namely Medicare, as to material matters in connection with the delivery of, and payment for, health care benefits, items, and services; and (b) to obtain money from Medicare by means of materially false and fraudulent pretenses and representations and the concealment of material facts in connection with the delivery of, and payment for, health care benefits, items, and services.

B. MEANS TO ACCOMPLISH THE SCHEME TO DEFRAUD

23. The fraudulent scheme operated, in substance, as described in Paragraph 20 of this First Superseding Indictment.

C. THE EXECUTION OF THE FRAUDULENT SCHEME

24. On or about the dates set forth below, within the Central District of California, and elsewhere, defendants YERANOSIAN, LOUTSEIKO, and KRKASHARYAN, together with CC-1, CC-

2, and others known and unknown to the Grand Jury, knowingly and willfully executed and attempted to execute the fraudulent scheme described above, by submitting and causing to be submitted to Medicare the following false and fraudulent claims for payment for Basic Life Support, non-emergency ambulance transportation (Code A0428, Code A0425):

<u>COUNT</u>	<u>BENEFICIARY</u>	<u>CLAIM NUMBER</u>	<u>APPROX.</u> <u>DATE</u> <u>SUBMITTED</u>	<u>APPROX.</u> <u>AMOUNT OF</u> <u>CLAIM</u>
TWO	S.V.	551111172819320	6/21/2011	\$621.00
THREE	S.K.	551111173170980	6/22/2011	\$391.50
FOUR	L.E.	551111181896000	6/30/2011	\$437.40
FIVE	M.B.	551111186535920	7/05/2011	\$526.50

## COUNT SIX

[18 U.S.C. § 371]

25. The Grand Jury incorporates by reference and re-alleges paragraphs 1 through 18 and 20 of this First Superseding Indictment as though set forth in their entirety herein.

A. OBJECT OF THE CONSPIRACY

26. Beginning no later than in or around 2010, and continuing through in or around September 2013, in Los Angeles County, within the Central District of California, and elsewhere, defendants YERANOSIAN, LOUTSEIKO, and ESPINOZA, together with others known and unknown to the Grand Jury, knowingly combined, conspired, and agreed to pay and receive kickbacks for patient referrals, in violation of Title 42, United States Code, Sections 1320a-7b(b)(1)(A) and (b)(2)(A).

B. THE MANNER AND MEANS OF THE CONSPIRACY

27. The object of the conspiracy was carried out, and to be carried out, in substance, as follows:

a. Defendants YERANOSIAN and LOUTSEIKO, together with others known and unknown to the Grand Jury, would agree to pay, and cause to be paid, kickbacks to defendant ESPINOZA and others known and unknown to the Grand Jury, in return for referrals to Mauran of patients for whom Mauran would submit claims to Medicare for ambulance transportation services and other related services.

b. After defendant ESPINOZA provided names and other information of patients that defendants YERANOSIAN and LOUTSEIKO could use to bill Medicare for ambulance transportations and other related services, defendants YERANOSIAN and LOUTSEIKO

1 would give cash and cause cash to be given to defendant  
2 ESPINOZA.

3 D. OVERT ACTS

4 28. In furtherance of the conspiracy and to accomplish its  
5 object, defendants YERANOSIAN, LOUTSEIKO, and ESPINOZA, together  
6 with others known and unknown to the Grand Jury, committed and  
7 willfully caused others to commit the following overt acts,  
8 among others, within the Central District of California and  
9 elsewhere:

10 Overt Act No. 1: In or around October 2010, defendants  
11 YERANOSIAN and LOUTSEIKO paid and caused to be paid to defendant  
12 ESPINOZA a cash kickback for patient referral(s) to Mauran.

13 Overt Act No. 2: In or around April 2011, defendants  
14 YERANOSIAN and LOUTSEIKO paid and caused to be paid to defendant  
15 ESPINOZA a cash kickback for patient referral(s) to Mauran.

16 Overt Act No. 3: In or around May 2011, defendants  
17 YERANOSIAN and LOUTSEIKO paid and caused to be paid to defendant  
18 ESPINOZA a cash kickback for patient referral(s) to Mauran.

FORFEITURE ALLEGATION

[18 U.S.C. §§ 982(a)(7), 981(a)(1)(C) and  
28 U.S.C. § 2461(c)]

1. Pursuant to Rule 32.2(a) Fed. R. Crim. P., notice is hereby given to defendants TOROS ONIK YERANOSIAN, also known as ("aka") "Toros Yeranossyan" ("YERANOSIAN"), OXANA LOUTSEIKO, aka "Oxana Loutseyko" ("LOUTSEIKO"), AHARON ARON KRKASHARYAN, aka "Agaron Krkasharyan" ("KRKASHARYAN"), and MARIA ESPINOZA, aka "Maria Piril," aka "Maria Gonzalez," aka "Maria Guadalupe Espinoza," aka "Maria Guadalupe Piril" ("ESPINOZA") (collectively, "defendants"), that the United States will seek forfeiture as part of any sentence in accordance with Title 18, United States Code, Sections 982(a)(7) and 981(a)(1)(C) and Title 28, United States Code, Section 2461(c), in the event of any defendant's conviction under any of the Counts One through Six of this First Superseding Indictment.

2. Defendants shall forfeit to the United States the following property:

a. All right, title, and interest in any and all property, real or personal, that constitutes or is derived, directly or indirectly, from the gross proceeds traceable to the commission of any offense set forth in any of Counts One through Six of this First Superseding Indictment; and

b. A sum of money equal to the total value of the property described in subparagraph a. For each of Counts One through Six for which more than one defendant is found guilty, each such defendant shall be jointly and severally liable for the entire amount forfeited pursuant to that Count.

1           3. Pursuant to Title 21, United States Code, Section  
2 853(p), as incorporated by Title 28, United States Code, Section  
3 2461(c), and Title 18, United States Code, Section 982(b), each  
4 defendant shall forfeit substitute property, up to the total  
5 value of the property described in the preceding paragraph if,  
6 as a result of any act or omission of a defendant, the property

7 ///

8 ///


9 ///

described in the preceding paragraph, or any portion thereof  
(a) cannot be located upon the exercise of due diligence;  
(b) has been transferred, sold to or deposited with a third  
party; (c) has been placed beyond the jurisdiction of the Court;  
(d) has been substantially diminished in value; or (e) has been  
commingled with other property that cannot be divided without  
difficulty.

A TRUE BILL

151  
Foreperson

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